

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 727339

1. Entity Name

THE HUMANE SOCIETY OF SEMINOLE COUNTY, INC.

FILED
Jul 26, 2000 8:00 am
Secretary of State

07-26-2000 90004 025 ****70.00

Principal Place of Business

2800 COUNTY HOME RD.
PO BOX 784
SANFORD FL 32772

Mailing Address

P O BOX 784
SANFORD F 32772-0784
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

23-7366957

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CASHATT, JEFF
2800 COUNTY HOME RD
P O BOX 784
SANFORD FL 32772

7. Name and Address of New Registered Agent

Name

MUNOZ, BETTY

Street Address (P.O. Box Number is Not Acceptable)

109 WOODFIELD DR

City

SANFORD

FL

Zip Code

32773

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

Betty Munoz, Exec Director 7/5/00

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

After September 13, 2000 min. will be \$236.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE TD
NAME HORNEFFER, STEVE E ☐ Delete
STREET ADDRESS 990 DOUGLAS AVE STE 102
CITY-ST-ZIP ALTAMONTE SPRINGS FL 32714

TITLE PD
NAME DUCKWORTH, DAVID ☐ Delete
STREET ADDRESS 1701 QUEEN PALM DR
CITY-ST-ZIP APOKA FL 32712

TITLE SD
NAME ETHELTON, LEWIS ☐ Delete
STREET ADDRESS 221 TOLLGATE TRAIL
CITY-ST-ZIP LONGWOOD FL 32750

TITLE MD ☒ Delete
NAME CASHATT, JEFF
STREET ADDRESS 534-100 CASCADE CIR
CITY-ST-ZIP CASSELBERRY FL 32707-5640

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE VD ☒ Change ☐ Addition
NAME HORNEFFER, STEVE E
STREET ADDRESS 1220 DOUGLAS AVE
CITY-ST-ZIP ALTAMONTE SPRINGS FL 32714

TITLE D ☒ Change ☐ Addition
NAME ETHELTON, LEWIS
STREET ADDRESS 221 TOLLGATE TRAIL
CITY-ST-ZIP LONGWOOD FL 32750

TITLE SO ☐ Change ☒ Addition
NAME JOHN CONNELL
STREET ADDRESS 647 FELLOWSHIP DR
CITY-ST-ZIP FERN PARK FL 32730

TITLE TO ☐ Change ☒ Addition
NAME JERRY CONNELL
STREET ADDRESS 635 CHELSEA RD
CITY-ST-ZIP LONGWOOD FL 32750

TITLE D ☐ Change ☒ Addition
NAME LIANA CAMACHO
STREET ADDRESS 839 GROVESMERE LOOP
CITY-ST-ZIP OCOCHEE FL 34761

TITLE MD ☐ Change ☒ Addition
NAME BETTY MUNOZ
STREET ADDRESS 109 WOODFIELD DR
CITY-ST-ZIP SANFORD FL 32773

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

BETTY MUNOZ

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7/5/00 (407)323-8696

CR2E037 (5/00)